



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Shishido	Lisa		544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop St., 23rd Flr.			544-8399
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Watanabe Ing Kawashima & Komeiji LLP			544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop St., 23rd Flr.			544-8399
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Starwood Vacation Ownership	(407) 903-4271
MAILING ADDRESS (Street)	FAX
9002 San Marco Court	(407) 903-4202
(City)	(State)
Orlando	FL
(Zip Code)	32819
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Lisa Shishido	544-8300
MAILING ADDRESS (Street)	FAX
999 Bishop St., 23rd Flr.	544-8399
(City)	(State)
Honolulu	HI
(Zip Code)	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (Indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Jim Shihilo

(Signature of Lobbyist)

6/01/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Thorp Thomas		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Senior Vice President	
NAME OF ORGANIZATION (If applicable) Starwood Vacation Ownership		TELEPHONE (407) 903-4271	
MAILING ADDRESS (Street) 9002 San Marco Court		FAX (407) 903-4202	
(City) Orlando	(State) FL	(Zip Code) 32819	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<p><i>[Signature]</i></p> <p>(Signature of Authorizing Officer or Person Represented)</p>		<p>6/01/05</p> <p>(Date)</p>	